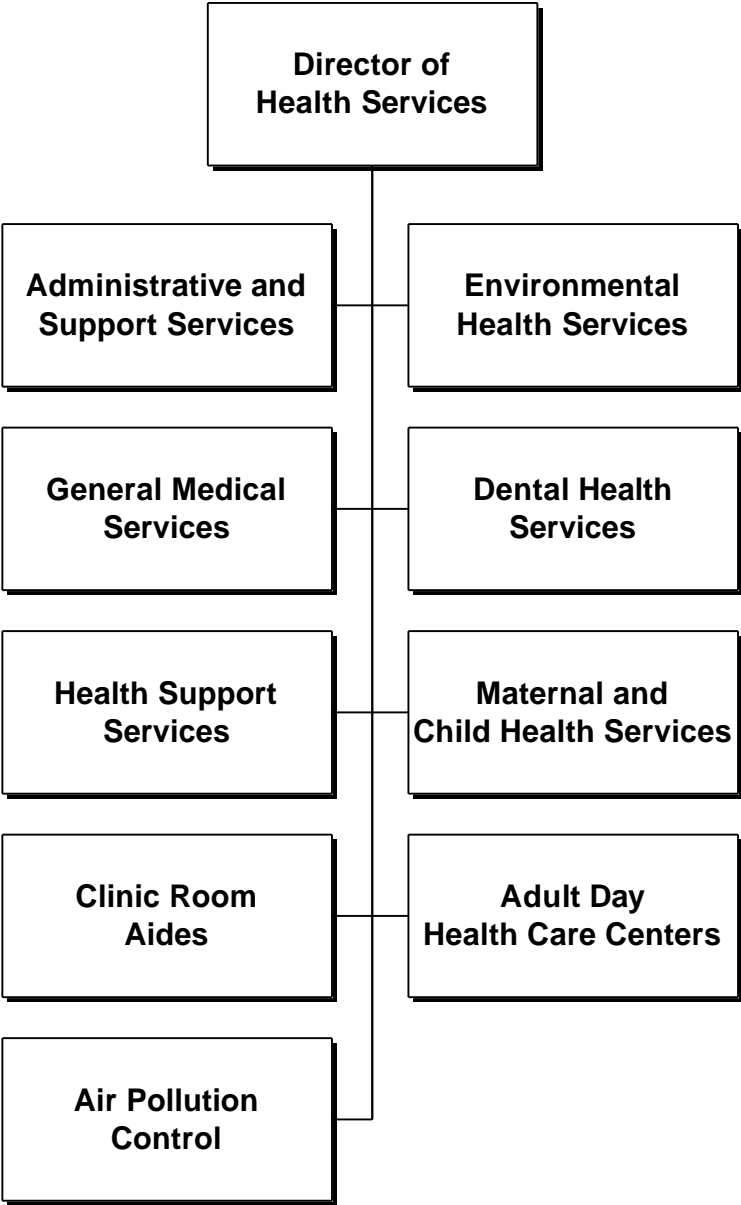


# HEALTH DEPARTMENT



# HEALTH DEPARTMENT

## Agency Position Summary

553	Regular Positions	/	480.76	Regular Staff Years
<u>24</u>	Grant Positions	/	<u>23.13</u>	Grant Staff Years
577	Total Positions	/	503.89	Total Staff Years

## Position Detail Information

### DIRECTOR OF HEALTH SERVICES

1 Director  
1 Position  
1.0 Staff Year

### ADMINISTRATIVE AND SUPPORT SERVICES

1 Director of Nursing Svcs.  
3 Administrative Assistants III  
1 Administrative Assistant II  
5 Positions  
5.0 Staff Years

### HEALTH SUPPORT SERVICES

1 P.H. Laboratory Director  
2 P.H. Lab Supervisors  
7 P.H. Lab Technologists  
1 Pharmacist  
1 Management Analyst II  
1 Administrative Assistant IV  
1 Administrative Assistant III  
1 Administrative Assistant II  
15 Positions  
15.0 Staff Years

### ENVIRONMENTAL HEALTH SERVICES

1 Director of Environ. Health  
2 Environmental Health Program Managers  
4 Environ. Health Suprvs.  
12 Environ. Health Specialists III  
32 Environ. Health Specialists II  
1 Administrative Assistant V  
2 Administrative Assistants III  
8 Administrative Assistants II  
62 Positions  
62.0 Staff Years

PT Denotes Part-Time Positions

### DENTAL HEALTH SERVICES

3 Public Health Dentists I  
1 Administrative Assistant II  
4 Positions  
4.0 Staff Years

### GENERAL MEDICAL SERVICES

1 Public Health Doctor  
2 Comm. Health Specialists  
6 Sprv. Public Health Nurses  
12 Public Health Nurses III  
25 Public Health Nurses II, 1 PT  
1 X-Ray Technician  
2 Administrative Assistants V  
6 Administrative Assistants III  
9 Administrative Assistants II  
2 Administrative Assistants I  
1 Management Analyst IV  
2 Management Analysts II  
6 Social Workers II  
1 Human Service Worker II  
2 Speech Pathologists II  
1 Asst. Director of Nurses  
79 Positions  
78.5 Staff Years

### AIR POLLUTION CONTROL

1 Environ. Health Spvr.  
1 Environ. Health Spec. III  
3 Environ. Health Specs. II  
1 Administrative Assistant III  
6 Positions  
6.0 Staff Years

### MATERNAL AND CHILD HEALTH SERVICES

3 Public Health Doctors  
1 Asst. Director of Nurses  
7 Sprv. Public Health Nurses  
15 Public Health Nurses III  
88 P.H. Nurses II, 21 PT  
1 Eligibility Supervisor  
1 Physical/Occupational Therapy Supervisor  
1 Physical Therapist II  
4 Speech Pathologists II  
2 Audiologists II  
3 Administrative Assistants V  
3 Administrative Assistants III  
16 Administrative Assistants II  
1 Administrative Assistant I  
6 Human Service Workers II  
1 Human Services Assistant  
153 Positions  
150.7 Staff Years

### CLINIC ROOM AIDES

184 Clinic Room Aides, PT  
184 Positions  
114.56 Staff Years

### ADULT DAY HEALTH CARE CENTERS

1 Supervising Public Health Nurse  
5 Public Health Nurses III  
5 Public Health Nurses II  
5 Administrative Assistants IV  
18 Home Health Aides  
5 Senior Center Assistants  
5 Recreation Specialists III  
44 Positions  
44.0 Staff Years

The details of the agency's 24/23.13 SYE grant positions within Fund 102, Federal State Grant Fund, are included in the Summary of Grant Positions in Volume 1.

# HEALTH DEPARTMENT

## Agency Mission

To promote and protect the health and environment of all people through leadership and provision of services within its communities.

Agency Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	551/ 479.26	552/ 480.26	553/ 480.76	555/ 482.76	553/ 480.76
Expenditures:					
Personnel Services	\$22,143,807	\$23,929,511	\$24,016,922	\$25,150,809	\$24,624,215
Operating Expenses	11,482,564	12,823,503	13,393,521	13,968,568	13,482,604
Capital Equipment	385,295	87,998	239,124	83,061	60,000
<b>Subtotal</b>	<b>\$34,011,666</b>	<b>\$36,841,012</b>	<b>\$37,649,567</b>	<b>\$39,202,438</b>	<b>\$38,166,819</b>
Less:					
Recovered Costs	(\$97,526)	(\$102,712)	(\$102,712)	(\$107,279)	(\$107,279)
<b>Total Expenditures</b>	<b>\$33,914,140</b>	<b>\$36,738,300</b>	<b>\$37,546,855</b>	<b>\$39,095,159</b>	<b>\$38,059,540</b>
Income/Revenue:					
Elderly Day Care Fees	\$584,524	\$672,475	\$672,475	\$739,722	\$739,722
Elderly Day Medicaid Services	116,774	121,921	121,921	134,113	134,113
Fairfax City Contract	521,001	549,505	602,238	614,283	614,283
Falls Church Health Department	131,231	134,750	134,750	137,445	137,445
Licenses, Permits, Fees	2,550,904	2,588,949	2,621,045	2,654,911	2,654,911
State Reimbursement	7,869,703	7,931,294	7,767,294	7,138,165	7,138,165
Air Pollution Grant	68,850	68,850	68,850	68,850	68,850
<b>Total Income</b>	<b>\$11,842,987</b>	<b>\$12,067,744</b>	<b>\$11,988,573</b>	<b>\$11,487,489</b>	<b>\$11,487,489</b>
<b>Net Cost to the County</b>	<b>\$22,071,153</b>	<b>\$24,670,556</b>	<b>\$25,558,282</b>	<b>\$27,607,670</b>	<b>\$26,572,051</b>

Summary by Cost Center					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Administration and Support Services	\$878,891	\$1,161,434	\$1,759,536	\$1,334,027	\$1,334,027
Dental Health Services	471,006	443,680	430,411	461,396	461,396
Environmental Health Services	3,673,631	4,107,279	4,247,527	4,636,725	4,361,725
Family Planning Services	198,371	194,593	195,010	0	0
General Medical Services	12,561,562	13,212,339	13,295,259	13,979,365	13,979,365
Maternal And Child Health Services	8,647,480	9,504,122	9,399,524	10,114,030	10,009,923
Health Support Services	1,837,234	1,916,649	2,021,784	1,960,365	1,960,365
Clinic Room Aides	3,793,622	3,970,674	3,970,674	4,158,511	3,658,511
Adult Day Health Care Centers	1,571,378	1,909,193	1,904,281	2,148,324	1,991,812
Air Pollution Control	280,965	318,337	322,849	302,416	302,416
<b>Total Expenditures</b>	<b>\$33,914,140</b>	<b>\$36,738,300</b>	<b>\$37,546,855</b>	<b>\$39,095,159</b>	<b>\$38,059,540</b>

NOTE: The Family Planning Services cost center has been combined with Maternal and Child Health Services in FY 2003.

# HEALTH DEPARTMENT

---

## ***Board of Supervisors' Adjustments***

***The following funding adjustments reflect all changes to the FY 2003 Advertised Budget Plan, as approved by the Board of Supervisors on April 29, 2002:***

- ◆ A net decrease of \$1,035,619 and 2/2.0 SYE positions as part of the \$28.8 million Reductions to County Agencies and Funds approved by the Board of Supervisors to allow for a two-cent real estate tax rate reduction and to provide additional funding for the Fairfax County Public School system. These reductions include:
  - Elimination of 2/2.0 SYE Adult Day Health Care positions, resulting in savings of \$156,512. The positions were to staff the startup operation of the new Little River Glen Adult Day Health Care Center. The opening of the Center has been delayed until the second quarter of FY 2004.
  - Reduction in limited term hours of Clinic Room Aides, resulting in savings of \$500,000. The reduction in hours will curtail the administration of lunchtime administration of medications at schools, as the availability and utilization of sustained release medications continues to increase. These medications are taken once a day at home rather than multiple times, including during school hours.
  - Discontinuation of the Oral Rabies Wildlife Vaccine Pilot Program, resulting in savings of \$275,000.
  - Maintain the number of school children on ventilators served under the Medically Fragile Program, resulting in savings of \$104,107.

***The following funding adjustments reflect all approved changes to the FY 2002 Revised Budget Plan from January 1, 2002 through April 22, 2002. Included are all adjustments made as part of the FY 2002 Third Quarter Review:***

- ◆ The Board of Supervisors made no adjustments to this agency.

---

## ***County Executive Proposed FY 2003 Advertised Budget Plan***

### **Purpose**

The agency has four core functions as the foundation upon which service activities are based:

1. Prevent epidemics and the spread of disease;
2. Protect against environmental hazards;
3. Promote and encourage healthy behaviors; and
4. Assure the quality and accessibility of health services.

The control of communicable diseases involves services ranging from restaurant inspections (food borne illnesses) to directly observed therapy for active tuberculosis patients (air-borne illnesses) to investigation of reportable diseases. An integral component of all agency activities is education to promote healthy behaviors by educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools, and offering one-on-one teaching/counseling to a new mother or pregnant woman. Over the past several years, as collaborative efforts have increased and more public/private partnerships have been established, the Health Department has emphasized the function of assuring the quality and accessibility of health care. The Nation's Healthy People Report, recently revised for 2010, provide a guide for the Goals, Objectives and Performance Measures reflected in each of the cost centers.

# HEALTH DEPARTMENT

---

During the Fall of 2001, the public health challenge moved beyond communicable diseases, and the Health Department was confronted with the bio-terrorism event of Anthrax. The agency met the challenge. Active surveillance and monitoring were initiated in all the hospitals in the County, a 24/7 information line was opened to the public, and a Health Assessment Clinic was opened for individuals residing/working in Northern Virginia who were recommended for prophylactic medication for exposure to Anthrax. This event tested the infrastructure that had been put in place the previous five years; the infrastructure was sound. The availability of resources to meet the challenge was met through collaborative and volunteer efforts with the public and private sector in Northern Virginia.

In FY 2003, the Health Department will continue to strengthen its infrastructure and its cooperation with the public and private sectors to meet any bio-terrorism or other public health event. The agency will continue to meet the challenges of growth in demand among the uninsured, chronically ill, and elderly for affordable primary care services, immunizations, and services for the impaired. The Health Department will address the need to retain staff in an extremely tight market place for health care professionals, maximizing its human resources by providing continuing education sessions for staff and by maximizing staff performance through an enhanced management information system. The initiatives planned in FY 2003 also include targeting public educational efforts for Tuberculosis Control and streamlining the eligibility process to improve access to health care.

In FY 2003, the agency will work toward full compliance with Title VI, Civil Rights Act, regarding Limited English Proficiency (LEP) clients, and toward compliance with HIPAA (Health Insurance Portability and Accountability Act). HIPAA is a new Federal mandate that focuses on ensuring the privacy of patient medical information. While the original regulations had focused on safeguarding the electronic transfer of medical information, the addition of privacy regulations resulted in a significant focus on record management versus technology. Since HIPAA affects such a wide range of activities -- from sign in sheets in a reception area that may violate privacy to how records are securely (and privately) transported in the cars of Public Health Nurses making home visits -- many policies and procedures relating to record management must be formalized and implemented in early FY 2003.

## Key Accomplishments

- ◆ Provided active surveillance and monitoring in all hospitals in the County, a 24/7 information line for the public, and a Health Assessment Clinic for individuals who were recommended for prophylactic medication in response to the Anthrax crisis of Fall 2001.
- ◆ Took a leading role in the provision of up-to-date evaluation and treatment guidelines to medical care providers in the region during the Anthrax crisis of Fall 2001. Continuously updated information to medical care providers in Fairfax County during this period.
- ◆ Spearheaded the adoption of significant amendments to ordinances regulating public swimming pools and food safety.
- ◆ Successfully completed the Oral Rabies Wildlife Vaccination Pilot Program in the southeastern part of the County.
- ◆ Acted as lead agency for the County under a federally funded grant to improve access to health care. Staff participated in various task groups and defined a streamlined eligibility model, developed a pediatric service delivery model, and established a method of integrating mental health/substance abuse services into the Community Health Centers' primary care system.
- ◆ Secured contract services to provide for West Nile Virus surveillance and mosquito control at the larvae stage in high-risk areas of the County.
- ◆ Implemented a training program for food service volunteers.
- ◆ Implemented a new laboratory information system to improve service delivery, facilitate higher testing volumes, and reduce overall dependence on contract based laboratories.

# HEALTH DEPARTMENT

---

- ◆ Initiated ongoing science seminars to provide agency staff with continuing education on topical issues such as West Nile Virus, Hepatitis Testing, and Bio-terrorism.
- ◆ Received a State certification to perform a new fluorescent water bacteria test capable of reducing turnaround time from 3 days to 24 hours.
- ◆ Successfully partnered with multicultural organizations to deliver culturally appropriate care to Community Health Care Network patients and to provide training to staff working with diverse populations.
- ◆ Developed and published a new quarterly tuberculosis newsletter and special editions for local, private medical providers.
- ◆ Initiated and implemented ongoing tuberculosis education classes for community health care providers in order to increase knowledge of trends, current treatment modules, and methods of recognizing at-risk patients.
- ◆ Completed the first phase of the redesign of Inova HIV services and Fairfax County Health Department HIV services. This new model will provide a seamless continuum of case management/care for individuals with HIV/AIDS in Fairfax County.

## FY 2003 Initiatives

- ◆ Serve a pivotal role in the development of local, regional, and State disaster plans to minimize the adverse public health consequences of any biological or chemical event.
- ◆ Expand the leadership role of the Health Department in the medical community through increased participation in Inova and the National Capital Region planning activities.
- ◆ Actively advocate with appropriate legislative bodies to assure that localities are included in the funding for emergency/bio-terrorism events.
- ◆ Continue efforts to achieve the objectives outlined in the Healthy People 2010 report.
- ◆ Plan for the Fall 2004 expansion of the Adult Day Health Care Program into new facility space at Little River Glen, where 35 to 40 frail elderly and adults with disabilities will be served.
- ◆ Expand educational programs in an effort to educate the general public on food safety.
- ◆ Complete the implementation of remediation for compliance with the new Federally mandated Health Insurance Portability and Accountability Act (HIPAA), which requires the safeguarding of medical information to ensure privacy and impacts on the handling of all medical records.
- ◆ Continue to monitor and prevent a human outbreak of the West Nile Virus through proactive measures including the application of larvacides to selected storm sewers and inlets.
- ◆ Replace the current Sweeps software for database management by integrating the agency's system with the State Health Department's system.
- ◆ Formalize an ongoing process to ensure compliance with the "Limited English Proficiency" section of the Title VI, Civil Rights Act.
- ◆ Put forward new code regulations for adoption by the Board of Supervisors, requiring that homes constructed in the County be radon resistant. Also draft and present amendments to the County's Onsite Sewage Disposal Ordinance and to the County's Well Water Ordinance in order to reflect changes in technology and State regulations and to adjust the fee structure.

# HEALTH DEPARTMENT

---

- ◆ Expand availability of laboratory services to other County programs/agencies, reducing overall County laboratory expenditures.
- ◆ Focus the mission of the Tuberculosis Program on targeting at-risk groups in order to ensure progress toward the Healthy People 2010 objectives.

## Performance Measurement Results

The agency, as reflected in its mission, has two overarching goals: (1) the protection of the public health and environment and (2) assuring access and availability of health services in the community. The services, activities and programs reflected in the 9 major cost centers of the agency are guided by objectives that are directly tied to the goals, and, in most instances, are aligned with the Healthy People 2010 objectives. Each cost center has one or more Performance Measure based on outcomes, which reveal the value of the service to the community.

During FY 2001 and FY 2002, several factors have presented significant challenges: workload demands continue to increase in mandated service realms; staff turnover requires ongoing orientation and training; and emerging public health threats/issues must be addressed in an organized, effective way. Strained resources directly affect agency services and performance measures, such as wait time in clinics, frequency of food safety inspections, and the provision of dental services and immunizations. In FY 2003 the Health Department will maximize the use of existing resources to meet ever-growing needs.

## Funding Adjustments

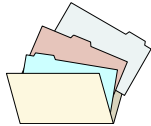
*The following funding adjustments from the FY 2002 Revised Budget Plan are necessary to support the FY 2003 program:*

- ◆ An increase of \$1,221,298 in Personnel Services due to the following: \$1,199,908 in salary adjustments necessary to support the County's compensation program; and \$21,390 in partial year costs (3 months) of two new positions in support of the Little River Glen Adult Day Health Care Program. Little River Glen, a combined facility of 60 units of assisted living space and an 8,000 square foot Adult Day Health Care Program, is currently under construction and will be completed in Spring 2003. The Adult Day Health Care portion of the facility will serve between 35 to 40 frail elderly and adults with disabilities, beginning in July 2003. The two new positions will be in place before that time to prepare for program startup, including the recruitment and hiring of additional staff and procuring furnishings and equipment.
- ◆ A decrease of \$801,854 in Operating Expenses not required in FY 2003 as a result of the one-time carryover of expenditures of \$615,454 for contracts and health care services and \$186,400 in Close Management Initiative monies.
- ◆ An increase of \$1,038,208 in Operating Expenses due to an increase of \$350,000 for the renewal of contract services for the prevention of the West Nile Virus, \$163,276 related to software maintenance of the Health Management Information System and the agency's share of intergovernmental charges for information technology and vehicles, and \$524,932 in increased contract costs for existing services under the Community Health Care Network. The \$524,932 primarily supports contract increases to the primary care provider to support a 5 percent contract increase implemented in FY 2002 and an anticipated 3 percent contract increase for FY 2003.
- ◆ An increase of \$106,857 for furniture and equipment for the Little River Glen Adult Day Health Care Program.
- ◆ An increase in Recovered Costs of \$4,567 is due to the FY 2003 projected salaries of recoverable positions.
- ◆ Capital Equipment funding of \$83,061 is included for \$23,061 in equipment needs at the new Little River Glen Adult Day Care program, and \$60,000 for the agency's Capital Equipment Replacement Program.

# HEALTH DEPARTMENT

The following funding adjustments reflect all approved changes to the FY 2002 Revised Budget Plan since passage of the FY 2002 Adopted Budget Plan. Included are all adjustments made as part of the FY 2001 Carryover Review and all other approved changes through December 31, 2001:

- ♦ As part of the FY 2001 Carryover Review, \$808,555 was added, including \$622,155 in encumbered carryover primarily related to existing contracts and \$186,400 associated with unexpended FY 2001 Close Management Initiative savings.



## Administrative and Support Services

### Goal

To assure access to quality health care for citizens of Fairfax County and to protect the public's health.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	5/ 5	5/ 5	5/ 5	5/ 5	5/ 5
Exempt	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
<b>Total Expenditures</b>	<b>\$878,891</b>	<b>\$1,161,434</b>	<b>\$1,759,536</b>	<b>\$1,334,027</b>	<b>\$1,334,027</b>

### Objectives

- ♦ To improve overall health status and provide timely access to clinical services, maintaining an average patient time of 15 minutes.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Walk in clinic visits	56,882	63,560	80,000 / 69,772	72,000	72,000
<b>Efficiency:</b>					
Cost per visit <sup>1</sup>	\$12.16	\$9.92	\$10.00 / \$12.00	\$13.00	\$13.00
<b>Service Quality:</b>					
Percent of satisfied clients	95%	97%	95% / 96%	95%	95%
<b>Outcome:</b>					
Patient wait time per client visit	16 minutes	18 minutes	15 min. / 23 min.	15 minutes	15 minutes

<sup>1</sup> FY 2002 estimated cost increase is due to new vaccines for infants and to the school entry requirement for a Hepatitis B shot.



# HEALTH DEPARTMENT



## Dental Health Services

### Goal

To complete preventive and restorative dental treatment in order to improve the health of low-income children through prevention and/or control of dental disease.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4
<b>Total Expenditures</b>	<b>\$471,006</b>	<b>\$443,680</b>	<b>\$430,411</b>	<b>\$461,396</b>	<b>\$461,396</b>

### Objectives

- ♦ To complete preventative and restorative dental treatment for 90 percent of the children seen.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
New patients seen <sup>1</sup>	2,700	1,734	2,700 / 1,672	2,100	2,600
Total visits conducted <sup>1</sup>	5,700	3,706	4,914 / 3,408	4,900	4,950
<b>Efficiency:</b>					
Cost per visit <sup>2</sup>	\$68.48	\$108.37	\$95.16 / \$133.12	\$75.60	\$76.00
Net cost to County per visit	\$30.59	\$21.90	\$21.90 / \$62.44	\$21.10	\$22.00
<b>Service Quality:</b>					
Customer satisfaction index	93%	75%	80% / 95%	75%	90%
<b>Outcome:</b>					
Percent of treatment completed	63%	68%	80% / 95%	80%	90%

<sup>1</sup> Two of three dental units were not operational in FY 2000 and FY 2001 due to the lack of availability of dentists.

<sup>2</sup> In FY 2000 and FY 2001 costs increased due to unreliability of dental providers. The number of scheduled patients was affected by no shows, inability to schedule patients in advance, and having fewer patients.

# HEALTH DEPARTMENT



## Environmental Health Services

### Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	62/ 62	62/ 62	62/ 62	62/ 62	62/ 62
<b>Total Expenditures</b>	<b>\$3,673,631</b>	<b>\$4,107,279</b>	<b>\$4,247,527</b>	<b>\$4,636,725</b>	<b>\$4,361,725</b>

### Objectives

- ♦ To increase the percentage of public establishments identified as in compliance with health, sanitation, and safety regulations by ten percentage points from 60 percent to 70 percent.
- ♦ To increase the percentage corrected within 30 days of improperly installed well water supplies or malfunctioning sewage disposal systems. These systems pose the potential for water borne or sewage borne diseases. The agency aims to achieve a 1 percentage point increase in corrected water well supplies from 45 percent to 46 percent, and a 2 percentage point increase in corrected sewage disposal systems from 83 percent to 85 percent.
- ♦ To increase the percentage of complaints resolved within 60 days which deal with: commercial and residential blighted properties; residential safe and sanitary property maintenance code violations; rat, cockroach, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues. The agency aims to achieve a 5 percentage point increase in resolved complaints from 65 percent to 70 percent.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Services provided to public establishments	21,714	18,674	22,000 / 20,997	21,000	21,000
Regulated public establishments	3,784	3,658	3,800 / 3,679	3,680	3,685
Water well supply services	5,593	5,691	5,600 / 5,373	5,400	5,400
Sewage disposal system services	9,322	7,924	9,300 / 8,975	8,500	8,500
Community health and safety complaints investigated	3,081	3,682	3,800 / 3,406	3,500	3,800
Community health and safety services	10,110	11,653	12,160 / 11,915	12,000	12,300

# HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Efficiency:</b>					
Public establishments/EHS ratio <sup>1</sup>	223:1	215:1	224:1 / 216:1	216:1	216:1
Public establishment services / EHS ratio	1,277:1	1,098:1	1,294:1 / 1,235:1	1,235:1	1,235:1
Water well services/EHS ratio	559:1	517:1	509:1 / 537:1	540:1	540:1
Sewage disposal system services / EHS ratio	932:1	720:1	836:1 / 898:1	850:1	850:1
Community health and safety complaints/EHS ratio	440:1	526:1	542:1 / 487:1	500:1	543:1
Community health and safety services / EHS ratio	1,444:1	1,655:1	1,737:1 / 1,702:1	1,714:1	1,757:1
<b>Service Quality:</b>					
Percent of regulated public establishments inspected	99.9%	99.2%	100.0% / 97.8%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	1.3	1.1	1.5 / 1.2	1.5	1.5
Average number of inspections to correct out-of-compliance sewage disposal systems	3.0	2.8	3.0 / 2.7	3.0	3.0
Percent of community health and safety complaints responded to within 3 days <sup>2</sup>	49.3%	52.0%	50.0% / 50.1%	48.0%	48.0%
<b>Outcome:</b>					
Percent of public establishments in compliance with health and safety regulations <sup>3</sup>	73.4%	70.9%	75.0% / 53.1%	60.0%	70.0%
Percent of out-of-compliance water well supplies corrected within 30 days	52.5%	40.0%	45.0% / 43.9%	45.0%	46.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	86.4%	81.6%	85.0% / 82.2%	83.0%	85.0%
Percent of community health and safety complaints resolved within 60 days	62.4%	59.0%	70.0% / 60.4%	65.0%	70.0%

<sup>1</sup> Reduction in the number of facilities was due to the incorporation of a new database system for better tracking of numbers, establishment profiles, and inspection information.

<sup>2</sup> In FY 2001 the Environmental Health Services staff workload increased with surveillance and prevention of the West Nile Virus, affecting this branch's response rate to complaints under other traditional program areas.

<sup>3</sup> The percent of establishments in compliance decreased from FY 2000 to FY 2001 because, following staff training, health and safety codes were more vigorously enforced, resulting in staff issuing more citations for lack of compliance. The current efforts by more educated establishments to remain in compliance will increase overall compliance levels in FY 2002 and FY 2003.

# HEALTH DEPARTMENT



## Family Planning Services

### Goal

To provide pregnancy testing, counseling and referral in order to promote early identification and referral in an effort to improve pregnancy outcome.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	5/ 5	5/ 5	5/ 5	0/ 0	0/ 0
<b>Total Expenditures</b>	<b>\$198,371</b>	<b>\$194,593</b>	<b>\$195,010</b>	<b>\$0</b>	<b>\$0</b>

NOTE: The funding and positions related to this cost center have been moved to the Maternal and Child Health Services Cost Center in FY 2003.



## General Medical Services

### Goal

To ensure that the adults in the community experience a minimum of preventable illness, disability, and premature death and that health service utilization and costs attributable to chronic diseases/conditions will be reduced. In addition, to improve access to medical care for low-income, uninsured residents of Fairfax County.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	78/ 78	79/ 79	79/ 78.5	79/ 78.5	79/ 78.5
<b>Total Expenditures</b>	<b>\$12,561,562</b>	<b>\$13,212,339</b>	<b>\$13,295,259</b>	<b>\$13,979,365</b>	<b>\$13,979,365</b>

### Objectives

- ◆ For the Community Health Care Network, to provide appropriate and timely access to primary health care for low-income, uninsured Fairfax County residents. The number of patient visits in FY 2003 will reach 46,490, a level still within the maximum visits allowed under the existing contract with the provider.
- ◆ For the Communicable Disease Program, to reduce the incidence of tuberculosis from 9.0/100,000 population to 8.5/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population. In addition, to reduce the incidence of sexually transmitted diseases and other preventable communicable diseases through prevention, early diagnosis and treatment.
- ◆ For the HIV/AIDS Program, to maintain the incidence of HIV in the County under the Virginia rate of 12 cases per 100,000 population; to hold the County rate of infection at 8.0/100,000 population; and to move toward the Healthy People 2010 goal of 1.0/100,000 through HIV education, counseling/testing, and the provision of care for HIV-positive Fairfax County residents.

# HEALTH DEPARTMENT

- ◆ For the Dementia/Respite Program, to provide, through contractual arrangements, Bathing/Respite In-Home services for at least 200 adults living in Fairfax County. To provide through contractual arrangements the Saturday Center-Based Respite Program for 50 impaired adults living in Fairfax County. To maintain a positive response from 95 percent of surveyed clients and caregivers benefiting from these services.
- ◆ For the Pre-Admission Medicaid Screening program, to maintain access to Pre-Admission Screenings for Medicaid funded services for 270 adults with chronic conditions and disabilities. To achieve a positive response from at least 95 percent of the clients and caregivers achieving their goals under the program.

## Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
<b>Community Health Care Network</b>					
Primary care visits	44,263	42,231	49,000 / 44,319	45,500	46,490
<b>Communicable Disease</b>					
Clients served in TB screening prevention and case management <sup>1</sup>	16,769	17,121	16,000 / 17,776	16,000	16,000
Clients served in STD program	3,607	3,711	3,600 / 3,765	3,700	3,700
Communicable disease investigations	487	520	500 / 572	600	600
Adult immunizations given	18,884	21,065	21,000 / 24,271	24,000	24,000
<b>HIV/AIDS</b>					
Clients receiving HIV outreach and education <sup>2</sup>	30,001	23,203	30,000 / 28,714	22,000	22,000
HIV counseled and tested	4,235	3,839	4,000 / 3,629	3,700	3,700
HIV early intervention caseload	117	82	90 / 72	70	70
HIV symptomatic care	20	20	20 / 20	20	20
Adults with TB tested for HIV <sup>3</sup>	NA	55%	75% / 75%	75%	75%
<b>Dementia/Respite Program</b>					
Bathing/respite clients served per year	148	168	200 / 161	175	200
Center-based clients per year	43	46	50 / 49	50	50
In-home service hours	8,381	12,619	18,000 / 16,511	17,950	18,000
Center-based program service units	234	253	350 / 395	400	400
<b>Pre-Admission Medicaid Screening</b>					
Clients screened	269	281	285 / 260	270	270
Nursing Home	75	89	85 / 107	85	90
Personal Care	120	118	120 / 96	115	110
Adult Day Health Care	3	10	12 / 2	12	12
CHCN and Personal Care	27	22	23 / 18	20	20
Respite Care	1	1	5 / 1	1	1
Personal Attendant Services	3	6	5 / 4	5	5
Denials	40	35	35 / 32	32	32

# HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Efficiency:</b>					
<b>Community Health Care Network</b>					
Net cost to County per visit	\$144	\$187	\$162 / \$181	\$181	\$178
<b><u>Communicable Disease<sup>4</sup></u></b>					
Cost per client served	\$80	\$77	\$80 / NA	NA	NA
Cost to County	\$22	\$20	\$22 / NA	NA	NA
TB total cost per client	NA	NA	NA / \$42	\$42	\$42
TB County cost per client	NA	NA	NA / \$7	\$7	\$7
STD total program cost per client	NA	NA	NA / \$63	\$63	\$63
STD County cost per client	NA	NA	NA / \$13	\$13	\$13
Communicable disease investigation total cost per client	NA	NA	NA / \$367	\$367	\$367
Communicable disease investigation County cost per client	NA	NA	NA / \$47	\$47	\$47
Adult immunization total cost per adult	NA	NA	NA / \$18	\$18	\$18
Adult immunization County cost per adult	NA	NA	NA / \$4	\$4	\$4
<b><u>HIV/AIDS</u></b>					
Cost per client outreach/education	\$16	\$21	\$21 / \$23	\$23	\$23
Cost to County per client outreach/education <sup>5</sup>	\$16	\$21	\$21 / \$16	\$16	\$16
Cost per client counseled and tested	\$23	\$23	\$24 / \$24	\$24	\$24
Cost per client early intervention	\$2,590	\$1,843	\$2,000 / \$2,100	\$2,100	\$2,100
Cost per client symptomatic care	\$4,640	\$4,640	\$4,640 / \$4,640	\$4,640	\$4,640
<b><u>Dementia/Respite Program</u></b>					
Cost of In-home services per client <sup>6</sup>	\$1,794	\$1,597	\$2,939 / \$2,263	\$3,265	\$2,709
Net cost to County <sup>6</sup>	\$1,620	\$1,439	\$2,780 / \$2,204	\$3,208	\$2,656
<b><u>Pre-Admission Medicaid Screening</u></b>					
Cost per client <sup>7</sup>	\$71	\$140	\$138 / \$152	\$146	\$251
Net cost per client to County <sup>7</sup>	\$31	\$89	\$87 / \$100	\$94	\$197
<b>Service Quality:</b>					
<b>Community Health Care Network</b>					
Percent of clients satisfied with their care at health centers	89%	95%	97% / 94%	98%	98%
Percent of clients whose eligibility is determined on the first enrollment visit	60%	61%	63% / 73%	65%	75%
<b><u>Communicable Disease</u></b>					
Percent of cases reviewed meeting established guidelines	95%	95%	95% / 95%	95%	95%
Percent of clients satisfied with communicable disease program	94%	95%	95% / 95%	95%	95%

# HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b><u>HIV/AIDS</u></b>					
Number and percent satisfied with prevention programs	6,665 (98%)	6,335 (98%)	95% / 5,476 (98%)	95%	95%
Number and percent satisfied with early intervention and continuing care	8 (100%)	12 (100%)	95% / 25 (98%)	95%	95%
<b><u>Dementia/Respite Program</u></b>					
Clients surveyed <sup>3</sup>	NA	NA	100% / 100%	100%	100%
Percent of clients/caregivers satisfied	100%	97%	95% / 99%	95%	95%
<b><u>Pre-Admission Medicaid Screening</u></b>					
Clients surveyed <sup>3, 8</sup>	NA	NA	100% / 21%	100%	100%
Percent of clients/caregivers satisfied <sup>3</sup>	NA	NA	90% / 100%	95%	95%
<b>Outcome:</b>					
<b>Community Health Care Network</b>					
Percent increase in number of visits provided over the previous year	1.0%	4.0%	2.0% / 5.0%	2.0%	4.9%
<b><u>Communicable Disease</u></b>					
Rate of TB Disease/100,000 population <sup>9</sup>	8.3	8.2	8.0 / 9.1	9.0	8.5
Number and Percent of TB cases discharged completing therapy	56 (98%)	52 (100%)	95% / 74 (96%)	95%	95%
Number and Percent of contacts and other high-risk persons with LTBI completing recommendations for preventive therapy <sup>3</sup>	NA	69 (64%)	75% / 89 (60%)	75%	75%
Number and percent of STD cases treated <sup>10</sup>	1,459 (100%)	1,500 (100%)	100% / 1,450 (100%)	100%	100%
<b><u>HIV/AIDS</u></b>					
Rate of HIV Infection/ 100,000 population <sup>3, 9, 11</sup>	NA	9.9	9.9 / 6.4	8.0	8.0
Percent positive receiving counseling and referral <sup>12</sup>	20 (95%)	43 (96%)	90% / 21 (62%)	90%	90%
Percent of participants who meet program objectives.	2,037 (31%)	6,252 (98%)	95% / 5,352 (95%)	95%	95%
<b><u>Dementia/Respite Program</u></b>					
Percent of clients/caregivers who benefited from the program	100%	97%	95% / 96%	95%	95%
Percent of clients whose goals were satisfied <sup>3</sup>	NA	94%	90% / 98%	90%	90%
<b><u>Pre-Admission Medicaid Screening</u></b>					
Percent of clients whose goals were satisfied <sup>3</sup>	NA	NA	90% / 90%	95%	95%

<sup>1</sup> Anticipate a stabilization and/or decrease in the number of clients tested for TB as a result of new testing guidelines.

# HEALTH DEPARTMENT

<sup>2</sup> FY 2000 lower numbers reflect contractor service disruption and staff turnover. Lower estimate for FY 2002 reflects a refocusing by the Virginia Department of Health on smaller group intervention.

<sup>3</sup> New indicator for FY 2000 or FY 2001.

<sup>4</sup> New method of data collection starting in FY 2001.

<sup>5</sup> Change in FY 2001 Actual program costs reflects new method of data collection.

<sup>6</sup> Starting in FY 2001 costs were impacted by the inability to serve the projected number of clients because the amount of time with each in-home patient increased due to higher numbers of very frail patients. FY 2003 costs will decrease due to an increase in the number of patients to be served and an increase in the client fee.

<sup>7</sup> Medicaid reimburses \$51.75 per screening. It is not expected to increase over the next two years.

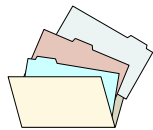
<sup>8</sup> FY 2001 random telephone survey; one fifth of all clients were contacted.

<sup>9</sup> Rates of TB and HIV infection are based on calendar year, not fiscal year.

<sup>10</sup> Includes cases diagnosed elsewhere and treated in the Health Department.

<sup>11</sup> Enhanced surveillance for HIV infection accounts for the higher number of cases in FY 2000.

<sup>12</sup> Fewer clients counseled in FY 2001 reflects an increase in HIV testing at the Adult Detention Center, whose population is often released prior to counseling and referral.



## Maternal and Child Health Services

### Goal

To provide maternity, infant, and child health care emphasizing preventative services to achieve optimum health, and well being. To provide pregnancy testing, counseling and referral in order to promote early identification and referral in an effort to improve pregnancy outcome.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	147/ 144.7	147/ 144.7	148/ 145.7	153/ 150.7	153/ 150.7
<b>Total Expenditures</b>	<b>\$8,647,480</b>	<b>\$9,504,122</b>	<b>\$9,399,524</b>	<b>\$10,114,030</b>	<b>\$10,009,923</b>

NOTE: Funding and positions related to Family Planning have been merged into Maternal and Child Health Services in FY 2003.

### Objectives

- ◆ To maintain the percentage of at risk pregnant women who obtain prenatal care at 85 percent. To improve the percentage under care in the first trimester by 2 percentage points, from 63 percent to 65 percent, moving toward the national goal of 90 percent by the year 2010.
- ◆ To improve the immunization rate of children served by the Health Department by 1 percentage point, from 82 percent to 83 percent, and to move toward the Healthy People 2010 goal of 90 percent.
- ◆ To improve the Immunization Outreach Program completion rate for children in Fairfax County by 1 percentage point, from 82 percent to 83 percent, and to move toward the Healthy People 2010 goal of 90 percent.
- ◆ To maintain the incidence of low birth weight for all Health Department clients at 5.0 percent. To maintain the low birth weight among at risk mothers at 6.0 percent.



# HEALTH DEPARTMENT

- ◆ To increase by 3 points the percentage of students with identified health needs having health plans in place by the end of October, increasing the percentage from 96 percent to 99 percent.
- ◆ Under the Speech Language Program, to maintain the rate of discharged clients requiring no further follow up at 65 percent.
- ◆ To maintain Women, Infant, and Children's (WIC) participation at 85 percent, which is above the State standard.

## Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
<b><u>Family Planning</u></b>					
Number tested	3,160	3,870	3,900 / 3,873	3,900	3,900
Number positive	2,382	2,795	2,800 / 3,012	3,000	3,000
<b><u>Immunizations</u></b>					
Children seen <sup>1</sup>	17,624	18,194	29,000 / 28,732	29,000	29,000
Vaccines given <sup>1</sup>	37,803	42,128	65,000 / 56,293	60,000	60,000
<b><u>Immunization Outreach</u></b>					
Persons reached <sup>2</sup>	10,000	10,000	10,000 / 10,000	10,000	10,000
<b><u>Maternity</u></b>					
Pregnant women served	2,026	2,060	2,070 / 2,096	2,070	2,090
<b><u>School Health</u></b>					
Students	150,497	155,224	153,479 / 158,331	163,149	166,546
Assessments <sup>3</sup>	102,249	108,489	109,000 / 135,232	109,000	136,000
Students with identified health needs who have plans in place within 40 days (end of October)	24,488	31,907	31,000 / 30,227	31,500	30,400
Students with identified health needs who have plans in place by year end	33,335	31,955	32,100 / 30,251	32,500	30,500
<b><u>Speech Language</u></b>					
Number of client visits	4,213	5,140	5,500 / 4,338	5,000	5,200
<b><u>WIC</u></b>					
Caseload	12,661	12,587	13,500 / 12,675	13,000	13,000
Participation	11,234	11,260	11,570 / 10,773	11,000	11,000
<b>Efficiency:</b>					
<b><u>Family Planning</u></b>					
Cost per client <sup>4</sup>	\$74	\$60	\$65 / \$47	\$50	\$50
Cost per client to County <sup>4</sup>	NA	NA	NA / \$22	\$25	\$25
<b><u>Immunizations</u><sup>5</sup></b>					
Cost per visit <sup>4</sup>	\$125	\$123	\$77 / \$19	\$20	\$20
Cost per client to County <sup>4</sup>	\$64	\$62	\$39 / \$12	\$14	\$14
Cost per vaccine <sup>4</sup>	\$59	\$53	\$34 / \$10	\$11	\$11
Cost per vaccine to County <sup>4</sup>	\$29	\$27	\$17 / \$6	\$ 8	\$ 8

# HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b><u>Immunization Outreach</u></b>					
Cost per number reached	\$7	\$7	\$7 / \$7	\$7	\$7
Cost to County per number reached (100% grant funded)	\$0	\$0	\$0 / \$0	\$0	\$0
<b><u>Maternity</u></b>					
Cost per client served <sup>4</sup>	\$1,310	\$1,322	\$1,375 / \$790	\$800	\$800
Cost per client to the County <sup>4</sup>	\$568	\$605	\$610 / \$475	\$480	\$480
<b><u>School Health</u></b>					
Cost per student assessed	\$24.87	\$24.00	\$26.00 / \$25.28	\$26.00	\$27.00
<b><u>Speech Language</u></b>					
Net cost per visit	\$86.60	\$86.90	\$90.00 / \$84.47	\$80.00	\$87.00
<b><u>WIC</u></b>					
Cost per client <sup>6</sup>	\$84.00	\$84.00	\$84.00 / \$84.47	\$84.00	\$84.00
Cost per participant to County (100% grant funded)	\$0.00	\$0.00	\$0.00 / \$0.00	\$0.00	\$0.00
<b>Service Quality:</b>					
<b><u>Family Planning</u></b>					
Percent satisfied with service	100%	97%	95% / 96%	95%	95%
<b><u>Immunizations</u></b>					
Percent satisfied with service	95%	97%	97% / 96%	97%	97%
<b><u>Immunization Outreach</u></b>					
Percent of persons who gained knowledge from presentations, puppet show, etc.	95%	95%	95% / 95%	95%	95%
<b><u>School Health</u></b>					
Percent of families satisfied with service <sup>7</sup>	NA	99%	98% / 99%	98%	99%
<b><u>Speech Language</u></b>					
Percent of survey families who rate their therapy service as good or excellent	100%	99%	100% / 100%	100%	100%
<b><u>WIC</u></b>					
Percent of clients satisfied with service	94%	94%	90% / 94%	95%	95%
<b>Outcome:</b>					
<b><u>Family Planning</u></b>					
Percent at risk under care	87%	86%	87% / 85%	85%	85%
Percent first trimester patients under care	65%	64%	66% / 61%	63%	65%
<b><u>Immunizations</u></b>					
Two-year-old completion rate	74%	81%	83% / 80%	82%	83%
<b><u>Immunization Outreach</u></b>					
Two-year-old completion rate	81%	81%	83% / 80%	82%	83%

# HEALTH DEPARTMENT

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b><u>Maternity</u></b>					
Overall low birth weight	5.2%	5.6%	5.4% / 5.3%	5.0%	5.0%
Low birth weight to at risk mothers	8.3%	6.7%	6.2% / 6.5%	6.0%	6.0%
<b><u>School Health</u></b>					
Percent of students with identified health needs who are assessed and have health plans in place within 40 days (end of October) <sup>8</sup>	73%	99%	99% / 99%	96%	99%
<b><u>Speech Language</u></b>					
Percent of students discharged as corrected; no follow-up needed <sup>7,9</sup>	NA	19.3%	25.0% / 44.0%	65.0%	65.0%
<b><u>WIC</u></b>					
Percent participation	89%	88%	88% / 85%	85%	85%

<sup>1</sup> FY 2001 increase is due to new vaccines for infants and to the requirement for Hepatitis B for school entry.

<sup>2</sup> Number includes flyers sent, presentations, puppet shows, articles in magazines, letters to parents, and translation services to Spanish speaking.

<sup>3</sup> Data collection revised in FY 2001 for greater specificity.

<sup>4</sup> FY 2001 change in program costs reflects new method of data collection for FY 2001, basing costs on actual hours of delivery time for a particular service (i.e., immunizations), instead of on the total costs of staff who work within the Maternal and Child Health Services program area.

<sup>5</sup> Note: CDC information states that for every dollar spent on immunizations the following is saved in future medical costs: MMR - \$16.34, DTP - \$6.21, Chickenpox - \$5.40.

<sup>6</sup> National data indicates that for every WIC dollar spent, \$2.90 is saved in future Medicaid costs.

<sup>7</sup> New Performance Management Indicator for FY 2000.

<sup>8</sup> Change from FY 1999 to FY 2000 due to improved reporting of students who were assessed.

<sup>9</sup> Discharge objective was revised, and will no longer include transfers into the Fairfax County Public School System.



## Health Support Services

### Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, State laws, and Federal regulations.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	15/ 15	15/ 15	15/ 15	15/ 15	15/ 15
<b>Total Expenditures</b>	<b>\$1,837,234</b>	<b>\$1,916,649</b>	<b>\$2,021,784</b>	<b>\$1,960,365</b>	<b>\$1,960,365</b>

# HEALTH DEPARTMENT

## Objectives

- ♦ To continue to ensure the highest level of testing quality by maintaining the laboratory's 100 percent recertification and 98 percent scoring level on proficiency tests conducted annually by regulatory agencies for licensing purposes. The agency's scoring level exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance.
- ♦ To maintain the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving citizens the expense of needless shots) at 91 percent in FY 2003, and to continue moving toward a target of 95 percent. To make it possible for 90 percent of citizens to avoid needless rabies post-exposure shots by the timely receipt of negative lab results.

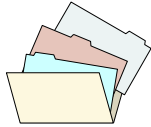
## Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Tests reported	187,522	201,438	190,000 / 207,524	250,000	250,000
Quality assurance procedures performed	90,143	84,679	90,000 / 74,842	80,000	80,000
Rabies tests reported	688	823	800 / 683	700	700
<b>Efficiency:</b>					
Average cost/all tests <sup>1</sup>	\$2.11	\$1.52	\$1.90 / \$1.50	\$2.96	\$3.17
Analyses/SYE	15,256	15,898	14,009 / 16,609	15,942	15,942
Cost/rabies test	\$45.95	\$41.65	\$44.36 / \$46.51	\$53.19	\$55.74
<b>Service Quality:</b>					
Average score on proficiency testing events	98.2%	99.8%	98.0% / 98.2%	98.0%	98.0%
Percent of rabies tests involving critical human exposure completed within 24 hours	85.0%	89.0%	90.0% / 88.7%	91.0%	91.0%
<b>Outcome:</b>					
Recertifications received	100%	100%	100% / 100%	100%	100%
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results <sup>2</sup>	85%	89%	90% / 90%	90%	90%

<sup>1</sup> In FY 2002 the agency revised how it allocated revenue to this cost center. Revenues not directly attributable to lab services were eliminated, increasing the average cost per test.

<sup>2</sup> The average cost of a series of rabies post-exposure immunizations is approximately \$2,000. In FY 2001, 643 citizens received negative results within 24 hours, saving an estimated \$1,286,000 in medical costs.

# HEALTH DEPARTMENT



## Clinic Room Aides

### Goal

To maximize the health potential of school age children by providing health support services in the school setting in cooperation with the Public Health Nurse.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	184/ 114.56	184/ 114.56	184/ 114.56	184/ 114.56	184/ 114.56
<b>Total Expenditures</b>	<b>\$3,793,622</b>	<b>\$3,970,674</b>	<b>\$3,970,674</b>	<b>\$4,158,511</b>	<b>\$3,658,511</b>

### Objectives

- ♦ To improve service delivery to students by increasing the percentage of students receiving visits from CRA's from 96 percent to 97 percent, and to continue moving toward a goal of 99 percent.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Visits to sick and injured/medications by CRA <sup>1</sup>	1,319,204	1,369,942	1,370,000 / 1,176,084	1,370,000	1,250,000
Visits to sick and injured/medications addressed by FCPS staff	45,597	49,777	49,000 / 47,289	48,000	50,000
<b>Efficiency:</b>					
Cost per visit by CRA	\$2.83	\$2.97	\$3.50 / \$3.54	\$3.50	\$3.70
<b>Service Quality:</b>					
Percent of FCPS staff satisfied with services	NA	95.0%	96.0% / 95.4%	97.0%	97.0%
Percent of patients satisfied with services	NA	99.0%	98.0% / 99.8%	98.0%	99.0%
<b>Outcome:</b>					
Percent of students receiving health support from CRA's	96.0%	99.0%	99.0% / 96.1%	96.0%	97.0%

<sup>1</sup> In FY 2003 the number of medications is projected to decrease, due to changes in some prescription formulas which allow them to be taken fewer times a day.

# HEALTH DEPARTMENT



## Adult Day Health Care Centers

### Goal

To provide adults with disabilities a comprehensive day program designed to assist individuals to remain in the community, to obtain a maximum level of health, to prevent or delay further disabilities, and to provide respite for family members/caregivers.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	44/ 44	44/ 44	44/ 44	46/ 46	44/ 44
<b>Total Expenditures</b>	<b>\$1,571,378</b>	<b>\$1,909,193</b>	<b>\$1,904,281</b>	<b>\$2,148,324</b>	<b>\$1,991,812</b>

### Objectives

- ♦ To provide annual adult day health services to 378 adults with disabilities (average of 143 participants per day) who live in Fairfax County, Falls Church, and Fairfax City. To prepare the new facility space at Liver River Glen for opening in FY 2004, when an additional 35 to 40 frail and elderly adults will be served at this site.
- ♦ To maintain a positive response from 92 percent of clients and 96 percent of caregivers regarding benefits of the program.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Clients served per day	102	100	121 / 102	126	143
Clients per year	287	284	331 / 271	361	378
Operating days	245	249	249 / 248	249	249
Clients surveyed	177	168	200 / 166	225	236
<b>Efficiency:</b>					
Cost of service per client per day	\$51.00	\$55.00	\$55.00 / \$57.00	\$61.00	\$57.00
Net cost per client to the County	\$24.00	\$28.00	\$29.00 / \$29.00	\$35.00	\$31.00
<b>Service Quality:</b>					
Percent of clients/caregivers satisfied with service	100%	100%	100% / 100%	100%	100%
Percent of clients to receive assessments <sup>1</sup>	NA	NA	100% / 100%	100%	100%
Percent of participants to receive quarterly reports <sup>1</sup>	NA	NA	100% / 100%	100%	100%
<b>Outcome:</b>					
Percent of clients who indicated benefits from the program	92%	95%	95% / 92%	92%	92%
Percent of caregivers who indicated benefits from the program	NA	95%	95% / 96%	96%	96%

<sup>1</sup> New measurement for FY 2001.

# HEALTH DEPARTMENT



## Air Pollution Control

### Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County citizens.

Cost Center Summary					
Category	FY 2001 Actual	FY 2002 Adopted Budget Plan	FY 2002 Revised Budget Plan	FY 2003 Advertised Budget Plan	FY 2003 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	6/ 6	6/ 6	6/ 6	6/ 6	6/ 6
<b>Total Expenditures</b>	<b>\$280,965</b>	<b>\$318,337</b>	<b>\$322,849</b>	<b>\$302,416</b>	<b>\$302,416</b>

### Objectives

- ♦ To maintain the monitoring index at 95 percent or better.

### Performance Indicators

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 1999 Actual	FY 2000 Actual	FY 2001 Estimate/Actual	FY 2002	FY 2003
<b>Output:</b>					
Measurements made	335,605	334,248	337,269 / 337,001	337,269	347,701
<b>Efficiency:</b>					
Average cost per measurement	\$0.93	\$0.74	\$0.79 / \$0.49	\$0.79	\$0.54
<b>Service Quality:</b>					
Data accuracy <sup>1</sup>	3.5	3.3	5.0 / 3.4	5.0	5.0
<b>Outcome:</b>					
Monitoring index <sup>2</sup>	93.4%	96.1%	95.0% / 94.7%	95.0%	95.0%

<sup>1</sup> Data accuracy service quality indicator is a quantitative evaluation of the quality of the air pollution data produced. It is an average of all single point calibrations done without regard to a specific pollutant. A calibration is the process of establishing a relationship between the output of a measurement process and a known input. Due to random variation inherent in measurement and calibration, the difference between the output of a measurement process and a known input is usually not zero. Therefore, a service quality indicator at or below five percent is considered high quality data.

<sup>2</sup> The monitoring index is a measure of how effectively the air quality monitoring program accomplished E.P.A. quality assurance requirements. A high monitoring index provides assurance that the work prescribed for the air-quality monitoring program has been conducted properly. Therefore, a high monitoring index and a low data accuracy service quality indicator implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.